

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS-AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 12/5/06 Signature: Joanne Ryan
(Joanne Ryan)

Docket No.: BBNT-P01-154
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Elliott et al.

Application No.: 10/022,083

Confirmation No.: 2889

Filed: November 19, 2001

Art Unit: 2611

For: **SYSTEMS AND METHODS FOR
BEACONING IN WIRELESS NETWORKS
WITH LOW PROBABILITY OF DETECTION**

Examiner: S. C. Pathak

AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated September 6, 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.



ZZW
AF

AMENDMENT TRANSMITTAL LETTER

Docket No.
BBNT-P01-154

Application No.
10/022,083

Filing Date
November 19, 2001

Examiner
S. C. Pathak

Art Unit
2611

Applicant(s): Elliott et al.

Invention: SYSTEMS AND METHODS FOR BEACONING IN WIRELESS NETWORKS WITH LOW PROBABILITY OF DETECTION

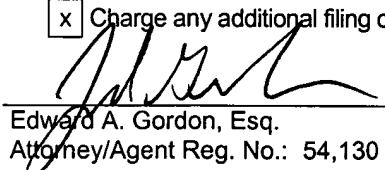
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	18	- 41 =	0	x 50.00	0.00
Independent Claims	6	- 10 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

- ☒ Large Entity ☐ Small Entity
- ☒ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-1945
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Edward A. Gordon, Esq.
Attorney/Agent Reg. No.: 54,130

Dated: December 5, 2006

FISH & NEAVE IP GROUP, ROPES & GRAY LLP
One International Place
Boston, Massachusetts 02110-2624
(617) 951-7066

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Dated: 12/5/06

Signature:  (Joanne Ryan)